

## CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

				FILE NUMBER	
1. IS THIS AN AMENDMENT?	, No ☐ Yes If Yes, plea	ase enter the file r	number in this bo	$x \rightarrow$	
SECTION A. CANDIDATE IN				accurately as possible.	
2. Last Name	First Name	Middle Name	Nickname	3. Type of Committee (Check on	101
		MINIONE IVAILIE	Nickilaine	Candidate's Principal Committee	
I Chavis	1 / ic A	Marie		· 1 · · ·	ee
4 Madia a Mada	I MIN		<u>,                                     </u>	Exploratory Committee	
4. Mailing Address	3 .	5. FAX (Op	tional)	6. E-mail Address (Optional)	
112 to a Mish	Way	( )		11 Chavisbellahoo.co	~
7. City Sta	te ZIP Code 8. Co	ounty	9. Telephone (Day)	10. Telephone (Evening)	
Tadia salic II	-	12000	20		
- Clarapolis	162361	Jarion	1(91) 823	8245 (37) 840-1027	
11. Party Affiliation		12. Office Sough	t (Include district numb	er, if any. Not required for an exploratory committe	e.)
☐ Democratic ☐ Libertarian ☐ Republicar					
SECTION B. COMMITTEE IN	FORMATION: <i>Fill in a</i>	ll applicable box	es as fully and	accurately as possible.	
13. Full Name of Committee (Do not abbrevia	ate) Check if this is a new n	ame			
I Chavis for La	wrence Co	man 010 (1	Lana 1		
14. Mailing Address	ew address	MMON (	otional)	16. E-mail Address (Optional)	
	2 0	13.1 AX (0)	olionai)	10. E-mail Address (Optional)	
112129 MISH U	Nay	(	)		
17. City Sta	te ZIF Code 18. C	ounty	19. Telephone	20. Committee Organization Date	
Tradizionalis T	11 41,721	14/2	(3/1) 823	8745 (MM-DD-YY) 7-4-15	
-Majour Dolio	0 4236	Marion		(CFS) (X / / )	
21. Chairperson's Full Name Designat	e Candidate as Chairperson	Check if this is a new o	chairperson		
LISA Marie (1	11/15				
22. Mailing Address	ew address	23. FAX (O)	otional)	24. E-mail Address (Optional)	
122120 4110 . (	Sal The	duze		1 . , '7 1'	
		-1600 (a( )	145 - 1 1 10 10	Chavished 42H00.com	
25. City Sta		ounty	27. Telephone (Day)		
Indianapolis I	N = 46236	Marion	(317) 823	-8245 (317) 840-1027	7
29. Bank or Other Depositories (List all bank			inds, holds accounts, re	nts safety deposit boxes or maintains funds.)	
	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
30. Exploratory Committee (Give brief statement	t explaining purpose of an exploratory cor			ts (Will the committee pay the candidate a salary	
		reimbursei	mentioriost wages? II	Yes, attach a copy of the contract.) 🔲 No 🛛 Y	
					es
SECTION C APPOINTMENT	OF TREASURER (IC 3	-9-1-14)			es
	OF TREASURER (IC 3		Signature	ofthe Committee Chairnerson	es
32. I, as Chairperson of the f	oregoing Person Appointed T		Signature	of the Compatitee Chairperson	es
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32. I, as Chairperson of the formmittee, appoint the following portion of the Committee.	oregoing Person Appointed Terson as	reasurer		of the Compatitive Chairperson	es
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